

AUG 16 2004

*Fee only*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:  
Adrian Crisan

Serial No.: 10/039,048

Filed: December 31, 2001

For: DATA ENTRY DEVICE

§ Group Art Unit: 2876  
§  
§ Examiner: Labaze, E.  
§  
§ Atty. Docket: 200302266-1  
§ NUHP:0176/FLE/SWA/POW

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATE OF TRANSMISSION OR MAILING 37 C.F.R. 1.8	
I hereby certify that this correspondence is being transmitted by facsimile to the United States Patent and Trademark Office in accordance with 37 C.F.R. 1.6(d) or is being deposited with the U.S. Postal Service as First Class Mail with sufficient postage in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on the date below:	
08/12/2004	Kerri Hyland
Date	Kerri Hyland

Sir:

**RESPONSE TO OFFICE ACTION  
MAILED ON MAY 25, 2004**

In response to the Office Action mailed on May 25, 2004, please reconsider the above referenced application in view of the following remarks and amendments.

18/17/2004 HMARZI1 00000030 082025 10039048

11 FC:1201 258.00 DA  
12 FC:1202 108.00 DA

09/02/2004 ADAVID 00000001 082025 10039048

01 FC:1202 90.00 DA

**RCE FILED 10/21/03**  
**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective 04/01/2003

Application or Docket Number

**10/039048**

**CLAIMS AS FILED - PART I**

(Column 1)	(Column 2)
TOTAL CLAIMS	
FOR	NUMBER FILED
TOTAL CHARGEABLE CLAIMS	minus 20 =
INDEPENDENT CLAIMS	minus 3 =
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

RATE	FEE	RATE	FEE
BASIC FEE	\$335	BASIC FEE	\$170
X\$9=		X\$18=	
X\$13=		X\$6=	
+145=		+390=	
TOTAL		TOTAL	

**CLAIMS AS AMENDED - PART II**

B

(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	** 20	= 0
Independent	3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$9=		X\$18=	
X\$13=		X\$6=	
+145=		+390=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT B

(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	** 20	= 0
Independent	3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$9=		X\$18=	
X\$13=		X\$6=	
+145=		+390=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

8/06/04

(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	** 20	= 11
Independent	3	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$9=		X\$18=	198.00
X\$13=		X\$6=	258.00
+145=		+390=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	600

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.